

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Nelson Lora-Pena	COURT CASE NUMBER 1:06-cv-442 SLR
DEFENDANT Task Force Officer Bowers	TYPE OF PROCESS Civil Action
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Task Force Officer Bowers ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 820 N. French Street, Wilmington, DE 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nelson Lora-Pena, ID#03883-070
U.S.P. Canaan
Post Office Box 300
Waymart, Pa. 18472

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

ATTORNEY GENERAL OF THE STATE OF DELAWARE

Signature of Attorney or other Originator requesting service on behalf of:

Nelson Lora-Pena
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

10/10/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>BR</i>	Date <i>10-18-06</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <i>10/18/06</i>	Time am pm
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Signature of U.S. Marshal or Deputy
BR

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: